

NATIONAL Assessment Centre Services [wef 1 Jan 05] **MNA 118078975.**

|                          |  |                        |          |
|--------------------------|--|------------------------|----------|
| Date In: 19/11/18 14:46  | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: MA121P1806115/14 | E-mail (within 3hrs, AIC 2hrs)           |                        |          |
| Veh No: SCH 96X          | i-Motor Claim Form                       |                        |          |
| D.O.A: 181611P 19:30.    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                        |          |
| OD: TP / Reporting Only  | i-Photo Uploaded                         |                        |          |
| TP Insurer:              | Assessment/Survey Report                 |                        |          |
|                          | Ass't Report by Fax / Hand to Owner/Wksp |                        |          |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( ) | Tel: ( )  | Fax: ( )              |
| TP Particulars:                            | Veh No: SKA 88302                                       | INC ( ) / Non-INC ( ) |
| Owner / Driver: ( )                        | Tel: ( )  |                       |
| Policy No: ( )                             | Period: ( )   | Cover Type: ( )       |
| Confirmed by: ( )                          | Date: ( )   | Time: ( )             |
| Insured/Driver Liability: ( ) %            | [Note-Est. Status (WO): N: 0-20%; P: 21-79% F: 80-100%] |                       |
| Year of Registration: ( )                  | Warranty: YES ( ) / NO ( )                              |                       |
| Excess: (\$ )                              | Loading: \$1,000 ( ) / \$2,000 ( )                      |                       |

**General Remarks:-**  
 Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  
 Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

|   |                       |         |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616)                      | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

**Injury:** \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                   |                   |
|---------------------------------|---|-------------------|-------------------|
| MA1803861                       | <b>Invoice Preparation Checklist</b>            | Amt (\$) Ist Bill | Amt (\$) Add Bill |
| Claimant's Particulars :-       | 1) AR: Accident Reporting (\$30);               | 30.00             |                   |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                   |                   |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |                   |                   |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |                   |                   |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |                   |                   |
| Auditors' Comments :-           | For claiming against INC Only (wef 10 Jan 2005) |                   |                   |
| Pat 1:                          | 6) TR: Re-inspection \$75                       |                   |                   |
| Pat 2/3:                        | 7) N1: Idau DA + SMRT Survey \$160              |                   |                   |
|                                 | 8) NTUC Additional Services:-                   |                   |                   |
|                                 | QI*   |                   |                   |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |                   |                   |
|                                 | *N6: Repair Co-ordination \$10                  |                   |                   |
|                                 | *N7: Post Repair Inspection \$25                |                   |                   |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                   |                   |
|                                 | TP (N11): TP (Non INC) against INC \$20         |                   |                   |
|                                 | 9) N12: Idau Mobile \$0                         |                   |                   |
|                                 | Invoice dated: _____ Fee Charged: _____         |                   |                   |
|                                 | Invoice dated: _____ Fee Charged: _____         |                   |                   |

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |                                       |
|----------------------------|---------------------------------------|
| Date Of Report             | 19/06/2018 14:46                      |
| Date Of Accident           | 18/06/2018 19:30                      |
| Exact Location Of Accident | JUNC OF HOUGANG AVE 3 TWDS EUNOS LINK |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SCH96X               |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHENG JUNJIE         |
| NRIC No                     | S8672254B            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96950118 |
| Alternative Phone No        | OFFICE-96950118      |

### Vehicle Particulars

|  |                       |
|--|-----------------------|
| Manufacturer   | PORSCHE               |
| Model  | CAYENNE S HYBRID (V6) |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE           |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                    |
| If No, Please state action to be taken                                       | REPORTING ONLY        |
| Vehicle Category   | PRIVATE CAR           |

### Insurance Company

|                           |                           |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE             |
| Fleet Policy              | NO                        |
| Policy Number             | SD17V13457/VPS/R00        |
| Cover Note Number         | -                         |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | CHENG JUNJIE         |
| NRIC No              | S8672254B            |
| Date Of Birth        | 01/09/1986           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 25/03/2009           |
| Driving Experience   | 9 YEARS AND 2 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-96950118 |
| Fax Number           |                      |
| Contact Number       | OFFICE-96950118      |
| EMail Address        | NOEMAIL              |

|   |                   |
|---|-------------------|
| Address   | 33A LORONG MELAYU |
| Postcode  | 416918            |
| Was driver an employee of the Insured's Company     | NO                |
| If No, Relationship of the Driver with the Insured  | OWNER             |
| Vehicle Registration Number of Driver's Own Vehicle | -                 |
|   | -                 |
| Insurance Company of Driver's Own Vehicle           | -                 |
|   | -                 |
|   | -                 |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR                         |
| Road Surface       | DRY                           |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SKQ8830Z    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

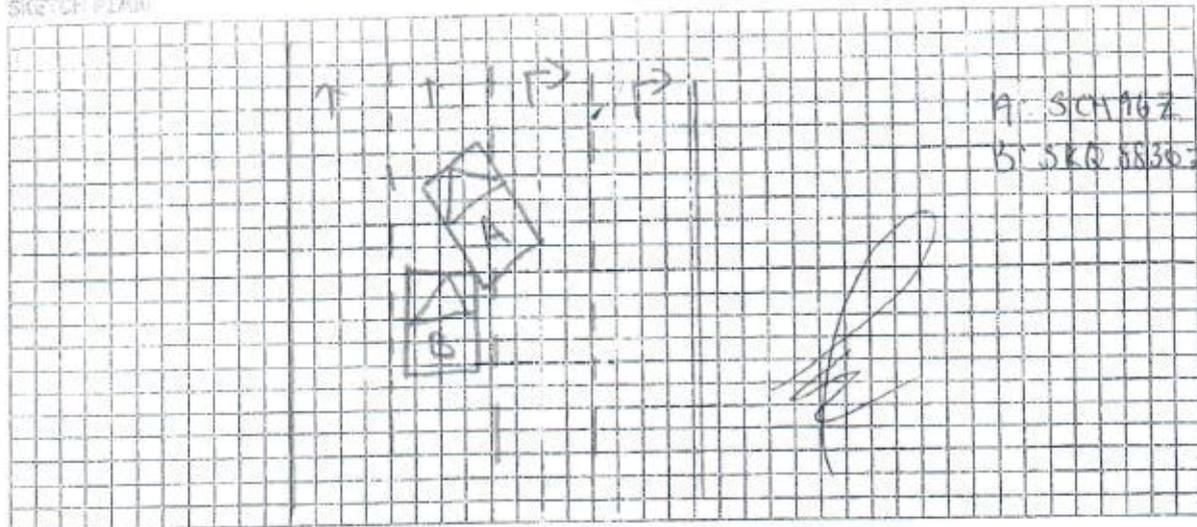
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the Junction of Hougang Ave 3 and euros link.  
 I was changing lane from lane 2 to lane 3. During the changing I stopped  
 because it was red light. Within seconds, I felt an impact  
 from the rear portion of my vehicle. When I got down I found out  
 that a vehicle has collided to the rear left portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

**SINGAPORE ACCIDENT STATEMENT**

**IMPORTANT NOTICE**

- ◆ Complete and submit this form to the individual insurance authorised reporting centre.
- ◆ Please report correctly on the details of the accident to speed up the claim process.
- ◆ This form must be filled up by the policy holder and/or authorised driver.
- ◆ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ◆ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ◆ Any false reporting may be referred to the traffic police department for investigation.

| ACCIDENT DETAILS           |   |
|----------------------------|---|
| Date of accident           | 18 June 2018 (DD/MM/YY)                       |
| Time of accident           | 7:30am (HH:MM)                                |
| Exact location of accident | Junction of Hougang Ave 3 towards Eunos link. |

| DETAILS OF VEHICLE                                 |  |
|--|--|
| Vehicle registration number                        | SCH 96 Z   |
| Vehicle make and model                             | PORSCHE CAYENNE  |
| Type of vehicle                                    | Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/><br>Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category                                   | Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>  |
| Purpose of using at said time                      |  |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select:<br>Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>   |

| INSURANCE INFORMATION |  |
|-----------------------|--|
| Insurance company     | LIBERTY INSURANCE  |
| Policy number         | SD17V13457 / PD  |
| Type of policy        | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

| INSURED / POLICY HOLDER      |   |
|------------------------------|---|
| Name                         | CHENH JUNJIE Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 88672254B   |
| Contact                      | 9695 0118   |
| Address                      | 33A LORONG MELAYU<br>Singapore 416918   |

| DRIVER   |   |
|--|---|
| SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B) |   |
| Name   | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>    |
| NRIC / Fin / Passport number                                   |   |
| Contact  |   |
| Address  |   |
| Email address  |   |
| Date of birth  | 01 - 09 - 1986  |
| Occupation   | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> |
| Driving date pass  | 25 MARCH 2009   |

**GENERAL INFORMATION OF THE ACCIDENT**

|  |  |
|--|--|
| Was driver an employee of the Insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Accident captured by camera?                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Weather condition                                | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface                                     | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>                     |
| No of passenger                                  | 1 (Inclusive of driver)  |

**PASSENGER 1**

|        |  |
|--------|--|
| Name   | CHENH JUN JIE  |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 2**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 3**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 4**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 5**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 6**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**OTHER INFORMATION**

|                            |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

**DETAILS OF POLICE ACTION**

|                     |  |
|---------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name |  |

**WITNESS 1**

|      |  |
|------|--|
| Name |  |
|------|--|

**WITNESS 2**

|      |  |
|------|--|
| Name |  |
|------|--|

| THIRD PARTY VEHICLE 1        |           |
|------------------------------|-----------|
| Vehicle registration number  | SKQ 0030Z |
| Vehicle make model           |           |
| Name                         |           |
| NRIC / Fin / Passport number |           |
| Contact                      |           |

| THIRD PARTY VEHICLE 2        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 3        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 4        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 5        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 6        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 7        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

**INJURED PERSON 1**

|  |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**INJURED PERSON 2**

|  |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**INJURED PERSON 3**

|  |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**INJURED PERSON 4**

|  |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**INJURED PERSON 5**

|  |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**INJURED PERSON 6**

|  |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO S8672254B



Name  
**CHENG JUNJIE**  
**程俊杰**  
Race  
**CHINESE**  
Date of birth  
**01-09-1986** Sex  
**M**  
Country of birth  
**CHINA**

S8672254B

REPUBLIC OF SINGAPORE DRIVING LICENCE



S8672254B  
**CHENG JUNJIE**  
Issued: 01 Sep 1986  
Valid till: 25 Mar 2009



0017237923



4544660



NRIC No: S8672254B

Date of issue  
17-03-2010

33A LORONG MELAYU  
SINGAPORE 418919  
NRIC No: S8672254B

Date: 16/06/2016

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

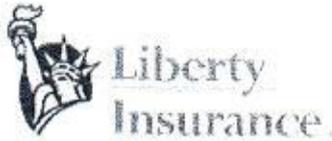
CLASS DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg 25 Mar 2009  
with <= 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals <= 2500kg



Licence No: S8672254B

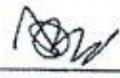
NP 428A



**Liberty Insurance Pte Ltd**  
 Registration no.199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221 8611 Fax: (65) 6225 6890  
 Website: http://www.libertyinsurance.com.sg

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

|   |  |
|---|--|
| <b>Certificate No</b>   | SD17V13457 /NPS /R00   |
| <b>Form</b>   | MX1  |
| <b>Date of Issue</b>  | 08-DEC-2017  |
| <b>1.Index Mark and Registration No. of Vehicle:</b>  | SCH96X   |
| <b>2.Chassis number of Vehicle:</b>   | WP1ZZZ92ZBLA94192  |
| <b>3.Name of Policyholder:</b>  | CHENG JUNJIE   |
| <b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>   | 16-NOV-2017 11:21 AM   |
| <b>5.Date of Expiry of Insurance:</b>   | 15-NOV-2018 23:59 PM   |
| <b>6.Persons or Classes of Persons entitled to drive*:</b>  |  |
| A) The Policyholder.  |  |
| B) Any other person who is driving on the Policyholder's order or with his permission.  |  |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |  |
| And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.   |  |
| <b>7.Limitations as to use*:</b>  |  |
| Use only for social, domestic and pleasure purposes and for the Policyholder's business.  |  |
| <b>8.The Policy does not cover:</b>   |  |
| A) Use for hire or reward.  |  |
| B) Use for racing, pace-making, reliability trials or speed-testing.  |  |
| C) Use for the carriage of goods (other than samples) in connection with any trade or business.   |  |
| D) Use for any purpose in connection with the Motor Trade.  |  |
| *Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.  |  |
| I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act,1987 (Malaysia).   |  |
| For and on behalf of<br><b>LIBERTY INSURANCE PTE LTD</b><br>Approved Insurers<br><br>Authorised Signature  |  |
| <b>For Information only:</b>  |  |
| <b>COVERAGE :</b>   | Comprehensive,Unlimited Windscreen   |
| <b>SUM INSURED:</b>   | S\$174000  |
| <b>EXCESS:</b>  | Section I - Insured Only- Singapore S\$3000 / Outside Singapore S\$6000,Section I - Applicable To Unnamed Drivers (Driver Must Have At Least 36 Months' Driving Experience, Between The Age Of 25 And 69 Years Old) - Singapore S\$4000 / Outside Singapore S\$8000,Windscreen Excess S\$500 |
| <b>FINANCE COMPANY:</b>   | MAYBANK  |
| <b>PRODUCER NAME:</b>   | D&S AUTO AGENCY  |

PLVC/PLVC/08-DEC-17

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

08-DEC-17